

# PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: (Description in lay terminology) <input checked="" type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE?		2. CODES (Table 7-2 AR 40-501)	3. Temporary Permanent	P 3	U 1	L 1	H 1	E 1	S 1
Meets criteria for concussion (mTBI); ICD-9 Code _____ Date of injury _____ Circle method of injury: IED, VBIED, Other _____		H							
4. PROFILE TYPE								YES	NO
a. TEMPORARY PROFILE (Expiration date YYYYMMDD) (Limited to 3 months duration)								<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. PERMANENT PROFILE (Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)								<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? (IF USAR/ARNG/ARNGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)								Needs MMRS	Needs MBS/FBS
5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES (If any answer (a-f) is NO then the profile should be at least a 3)									
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON								<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILE§ (48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)								<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT								<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (Dig, fill, & lift sand bags, etc.)								<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE								<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?								<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. APFT	YES	NO	ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)				YES	NO	
2 MILE RUN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	APFT WALK				N/A	<input type="checkbox"/>	
APFT SIT-UPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	APFT SWIM				N/A	<input type="checkbox"/>	
APFT PUSH UPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	APFT BIKE				N/A	<input type="checkbox"/>	
7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES (Check all applicable boxes)									
UNLIMITED RUNNING	<input type="checkbox"/>	<input type="checkbox"/>	OR RUN AT OWN PACE & DISTANCE				<input checked="" type="checkbox"/>	<input type="checkbox"/>	
UNLIMITED WALKING	<input type="checkbox"/>	<input type="checkbox"/>	OR WALK AT OWN PACE & DISTANCE				<input checked="" type="checkbox"/>	<input type="checkbox"/>	
UNLIMITED BIKING	<input type="checkbox"/>	<input type="checkbox"/>	OR BIKE AT OWN PACE & DISTANCE				<input type="checkbox"/>	<input type="checkbox"/>	
UNLIMITED SWIMMING	<input type="checkbox"/>	<input type="checkbox"/>	OR SWIM AT OWN PACE & DISTANCE				<input type="checkbox"/>	<input type="checkbox"/>	
8. UPPER BODY WEIGHT TRAINING (See FM 21-20)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. LOWER BODY WEIGHT TRAINING (See FM 21-20)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. OTHER: e.g. Functional limitations and capabilities and other comments: (May continue on page 2) 1) 24 Hour Quarters then light duty only 2) Do not leave COB/COS for duration of profile 3) No jumping, no situps, no lifting > 35lbs, no standing >20 min, no contact or aerobic sports, no weight training, no use of weapon except for imminent danger; may do push ups at own pace/duration. <input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on _____					11. THESE PARAMETERS ARE OPTIONAL, USE AS NEEDED Lifting or carrying max weight <u>35 lbs</u> or _____ distance Running maximum distance <u>1 Mile</u> Prolonged standing - maximum time per episode <u>20 Min/Hr</u> Marching with standard field gear except rucksack max distance <u>1 Mile</u> Impact activities such as jumping max # reps in one day <u>ZERO</u>				
12. TYPE NAME & GRADE OF PROFILING OFFICER					13. SIGNATURE			14. DATE (YYYYMMDD)	
15. ACTION BY APPROVING AUTHORITY					APPROVED			NOT APPROVED	
16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY					17. SIGNATURE			18. DATE (YYYYMMDD)	
19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501)								YES	NO
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT								<input type="checkbox"/>	<input type="checkbox"/>
20. COMMENT									
If this is a <b>permanent</b> profile with a PULHES serial of <b>3</b> or <b>4</b> refer to block 4c									
21. TYPE NAME & GRADE OF UNIT COMMANDER					22. SIGNATURE			23. DATE (YYYYMMDD)	
24. PATIENT'S IDENTIFICATION (For typed or written entries give: Name (Last, first); grade; SSN; hospital or medical facility)					25. UNIT				
					26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER				
					PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MILPO.				

PHYSICAL PROFILE - PAGE 2 (OPTIONAL)

PATIENT'S NAME

DATE (YYYYMMDD)

CONTINUATION (From page 1, Item 10)

For purposes of this profile:

The Military Operational Criteria for concussion (mTBI) is an injury event (blast, fall, vehicle collision, head impact) AND alteration/loss of consciousness (dazed, confused, amnesia, or loss of consciousness even momentarily).

Guidelines for profile completion.

Box 1:

Common codes:

Concussion, with no loss of consciousness (LOC)	850.0
Concussion, with brief LOC (30 min or less)	850.11
Concussion, with brief LOC (31 to 59 min)	850.12

Box 2:

Code H-Limitation on duty where sudden loss of consciousness would be dangerous to self or to others such as work on scaffolding, vehicle driving, or near moving machinery.

Box 5a;

Although Service Member should be allowed to carry his/her assigned weapon, use of the weapon (to include training, ranges, etc) is limited to imminent danger only.

Box 10:

Annotate this box with exact verbage as listed: carefully discuss with the Service Member and unit leadership (eg. 1st line supervisor, ISG, Commander, etc) his/her limitations and the importance of follow-up.

Remind the Service Member that he/she should follow up immediately if symptoms worsen.